



SAFETY-KLEEN CORP.

1000 N. Randall Road, Elgin, IL 60123

CERTIFIED MAIL

MISSOURI DEPT. OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MO 65102

RE: ANNUAL/BIENNIAL HAZARDOUS WASTE REPORT SUBMITTAL

Dear Sir/Madam:

Enclosed you will find the report covering the following INACTIVE Safety-Kleen Corp.
location:

1227 HANLEY INDUSTRIAL CTR.
BRENTWOOD, MO 63144
EPA ID# MOD 096 714 829

Should you have any questions, please contact Betty Christensen - Manifest Specialist at
800-669-5840 ext. 2171.

Sincerely,


Regional Sales Manager

cc: file
Corp. Manifest Dept.

RECEIVED

FEB 20 1990

HAZARDOUS WASTE PROGRAM
MISSOURI DEPARTMENT OF
NATURAL RESOURCES



R00069349

RCRA Records Center

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Safety-Kleen Corp.EPA ID NO: M O D 0 9 6 7 1 4 8 2 9U.S. ENVIRONMENTAL
PROTECTION AGENCY

1995 Hazardous Waste Report

FORM
ICIDENTIFICATION AND
CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box ☐ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No. Same as label <input type="checkbox"/> or → <u>M O D 0 9 6 7 1 4 8 2 9</u>		B. County <u>St. Louis</u>	
C. Site/company name Same as label <input type="checkbox"/> or → <u>Safety-Kleen Corp.</u>		D. Has the site name associated with this EPA ID changed since 1993? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or → <u>1227 Hanley Industrial Ctr.</u>			
F. City, town, village, etc. Same as label <input type="checkbox"/> or → <u>Brentwood</u>		G. State Same as label <input type="checkbox"/> or → <u>M O</u>	H. Zip Code Same as label <input type="checkbox"/> or → <u>6 3 1 4 4</u> - <u> </u>

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (GO TO BOX B)		
B. Number and street name of mailing address <u>1000 North Randall Road</u>		
C. City, town, village, etc. <u>Elgin</u>	D. State <u>I L</u>	E. Zip Code <u>6 0 1 2 3</u> - <u> </u>

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I. <u>Reppond, Mark</u>		B. Title <u>Environmental Manager</u>	C. Telephone <u>4 1 7 8 6 6</u> - <u>6 4 1 2</u> Extension <u> </u>
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Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last Name First name M.I. <u>Zimmerman Ter C</u>		B. Title <u>Regional Manager</u>
C. Signature 		D. Date of signature <u>12 24 96</u> MO. DAY YR.